CITY AND COUNTY OF SAN FRANCISCO
GRAND JURY

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March 10, 1992

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Hon. Edward Stern
Presiding Judge, Superior Court
City Hall
San Francisco, CA 94102

Dear Judge Stern,

Under normal circumstances, the Civil Grand Jury would not release any single segment of its investigative findings until the completion and release of its final report in June, at the conclusion of the jury's term. With this investigation, however, the jury has not faced normal circumstances. The problem addressed in the attached report is of such significance as to warrant an accelerated release of findings and recommendations.

This interim report of the San Francisco Civil Grand Jury documents a problem of critical importance -- the increasing incidence of tuberculosis in San Francisco's jails.

The jury's final report will be completed in June.

Sincerely,

Brent Andrew,
Foreman, 1991-92 Civil Grand Jury

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INTERIM REPORT

1991–1992 San Francisco Civil Grand Jury

TUBERCULOSIS SCREENING IN THE COUNTY JAIL

.ngs and Recommendations

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California. Grand Jury
(San Francisco)
Tuberculosis screening
in the County Jail :
[1992]

INTERIM REPORT

1991-1992 San Francisco Civil Grand Jury

TUBERCULOSIS SCREENING IN THE COUNTY JAIL

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TUBERCULOSIS SCREENING OF INMATES:

FINDINGS:

The incidence of tuberculosis, which is currently rising in the general population, is also increasing in jails and prisons, where the incarcerated are at high risk for tuberculosis infection. Strains of multiple drug resistant tuberculosis, such as that found among inmates in the State Prison System of New York, are exacerbating this growing public health problem.

Within the jail system, tuberculosis presents a serious health risk for inmates, deputies, health care personnel, and particularly any individuals who are HIV-infected. In addition, numerous others, such as court personnel and public defenders, cannot avoid being exposed to possibly infected prisoners who are brought into court.

Agencies that define health services standards for correctional institutions have developed specific standards for managing tuberculosis in jails. The California Code of Regulations, Title 15, states that "the facility manager shall segregate, upon identification, all inmates with any communicable diseases" (Title 15, Division I, Chapter I).

The American Public Health Association's Standards for Health Services in Correctional Institutions includes the following in its definition of satisfactory compliance: "Initial medical screening must be performed for all individuals entering custody. . . The process of initial medical screening must begin upon entry into the facility and must be completed prior to housing the inmate in any building or housing area among the institutional population. Initial medical screening upon entry shall include . . . tuberculin skin test, if no history of prior positive reaction; if positive, to be followed by chest x-ray. . ."

The Standards for Health Services in Jails by the National Commission on Correctional Health Care states that "A full health assessment is completed for each inmate within 14 days after the inmate arrives at the jail, and includes . . . laboratory and/or diagnostic tests to detect communicable disease, including . . . tuberculosis." It also states that, "If a facility requests that laboratory tests for a communicable disease be waived, evidence of the incidence of that disease in the institution and the justification for not conducting such tests on all inmates are required. All facilities, especially large urban jails, are encouraged to begin testing for tuberculosis as soon as possible and not to wait for the 14th day. The incidence of

this disease in incarcerated populations has been increasing."

Many county jails, including Alameda and San Mateo, have screening programs in which prisoners, at time of intake, are given tuberculin skin tests and, if needed, additional tests for diagnosis of tuberculosis. Subsequent to the screening, appropriate measures can be taken regarding the housing and medical care of each prisoner. There is no tuberculosis screening program in the San Francisco jails, other than information reported by the inmate at intake or clinical symptoms that may be noticed by staff.

In San Francisco, medical authorities at the county jail estimate that almost one-third of the current San Francisco inmate population may be positive for tuberculosis. Recently, two inmates with undiagnosed active tuberculosis were initially housed with other inmates. Medical staff suspect that these two cases have infected more than sixty other inmates.

Although jail medical authorities have expressed the significant need for a tuberculosis screening program and the Sheriff has indicated support, the County has not designated funding for such a program. Failure to screen

prisoners creates not only a major health problem, but also has the potential to result in civil liability on the part of the City and County should any prisoner, or person whose duties require contact with prisoners, claim and be found to have contracted tuberculosis by reason of the County's negligence in failing to follow standard tuberculosis screening guidelines for jails.

RECOMMENDATIONS:

Without delay, the City and County should allocate funds for staff and equipment needed to start an inmate tuberculosis screening program, while also aggressively seeking State, Federal, and private funding to assist with this urgent need. The Health Department and the Sheriff's Department should begin immediately to coordinate a comprehensive tuberculosis screening program for the jails, which will provide tuberculin skin tests and appropriate follow-up to inmates as needed.